

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1325 G Street, N.W.

Suite 500

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00300921

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

C.E. Jones

Signature of Treasurer

Electronically Filed by C.E. Jones

Date

01

30

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 7 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2009 | | 25736.65 |
| (b) Cash on Hand at Beginning of Reporting Period | 8649.62 | |
| (c) Total Receipts (from Line 19) | 129005.75 | 321091.47 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 137655.37 | 346828.12 |
| 7. Total Disbursements (from Line 31) | 129192.98 | 338365.73 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8462.39 | 8462.39 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 4968.56 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 7 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 19400.50 | 36566.50 |
| (ii) Unitemized | 109605.25 | 284524.97 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 129005.75 | 321091.47 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 129005.75 | 321091.47 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 129005.75 | 321091.47 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 129005.75 | 321091.47 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 129192.98 | 338365.73 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 129192.98 | 338365.73 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 129192.98 | 338365.73 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 129192.98 | 338365.73 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 129005.75 | 321091.47 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 129005.75 | 321091.47 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 129192.98 | 338365.73 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 129192.98 | 338365.73 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS DOREL ABBOTT

Mailing Address 2 NORMAN ST

City

ASHEVILLE

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.62536

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MRS DOREL ABBOTT

Mailing Address 2 NORMAN ST

City

ASHEVILLE

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.62539

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

MRS DOREL ABBOTT

Mailing Address 2 NORMAN ST

City

ASHEVILLE

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.61092

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS ANGELINA ACERRA

Mailing Address 6822 60TH RD

City State Zip Code
MASPETH NY 11378-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RET US NAVY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
07 12 2009

Transaction ID: SA11AI.62986

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR VICTOR ANDERSON

Mailing Address 204 PINEHOLT LN

City State Zip Code
ALPINE CA 91901

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
12 03 2009

Transaction ID: SA11AI.63601

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
B. Barbara Baker, Ms.

Mailing Address 876 Dawn Hill Dr

City State Zip Code
Dawty UT 76092-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 24 2009

Transaction ID: SA11AI.63646

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR PIERRE BARES

Mailing Address 214 SE ST
PO BOX 742

City State Zip Code
VIRGINIA CITY NV 89440

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.61008

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
MR PIERRE BARES

Mailing Address 214 SE ST
PO BOX 742

City State Zip Code
VIRGINIA CITY NV 89440

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.61033

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Mr Bernard Bearth

Mailing Address 1700 Case Ave

City State Zip Code
Saint Paul MN 55106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.33

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.62469

Amount of Each Receipt this Period

33.00

SUBTOTAL of Receipts This Page (optional)

73.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 52

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS BARBARA BELL

Mailing Address 38 FERNALD DR

City

CAMBRIDGE

State

MA

Zip Code

02138-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

RET/COMM GENERAL HOSPITAL

Occupation

MEDICAL TECHNOL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.62944

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS BARBARA BELL

Mailing Address 38 FERNALD DR

City

CAMBRIDGE

State

MA

Zip Code

02138-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

RET/COMM GENERAL HOSPITAL

Occupation

MEDICAL TECHNOL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.62974

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS BARBARA BELL

Mailing Address 38 FERNALD DR

City

CAMBRIDGE

State

MA

Zip Code

02138-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

RET/COMM GENERAL HOSPITAL

Occupation

MEDICAL TECHNOL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 8 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.63178

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR WILLIAM BRAKE

Mailing Address 927 S LAKESIDE AVE

City

LAKELAND

State

FL

Zip Code

33803-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63471

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs Martha Brubaker

Mailing Address 1064 N Penryn Rd

City

Manheim

State

PA

Zip Code

17545-8516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.62924

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marlowe Burgy

Mailing Address 4877 County Rd G #7

City

Eagle River

State

WI

Zip Code

54521-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63236

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald Cain

Mailing Address 127 Turner Ave

City

Anna

State

IL

Zip Code

62906-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63531

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

MR KERMIT CAIN

Mailing Address 278 STONE RD

City

NATIONAL CITY

State

CA

Zip Code

91950

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS NORTH ISLAND

Occupation

U S NAVY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.63075

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR KERMIT CAIN

Mailing Address 278 STONE RD

City

NATIONAL CITY

State

CA

Zip Code

91950

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS NORTH ISLAND

Occupation

U S NAVY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.63082

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Martyn Chase

Mailing Address 26253 Ferguson Rd

City

State

Zip Code

Junction City

OR

97448-9362

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.63589

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Neal Chastain

Mailing Address 7608 Utica Ave

City

State

Zip Code

Lubbock

TX

79424-3142

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.63401

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Neal Chastain

Mailing Address 7608 Utica Ave

City

State

Zip Code

Lubbock

TX

79424-3142

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.63461

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 13 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS ELEANOR COBB

Mailing Address 131 S VISTA ST

City

LOS ANGELES

State

CA

Zip Code

90036-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.63598

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MRS ELEANOR COBB

Mailing Address 131 S VISTA ST

City

LOS ANGELES

State

CA

Zip Code

90036-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.63599

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

DR CHRISTIAN CRETEUR

Mailing Address 3083 TYRE NECK RD

City

CHESAPEAKE

State

VA

Zip Code

23321-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.63616

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 14 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS MARJORIE DAVIS

Mailing Address 667 BERRY LN

City

JOHNS

State

MI

Zip Code

04330

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.63647

Amount of Each Receipt this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

E. David Dodge, Mr.

Mailing Address Taliesin West

City

Scottsdale

State

AZ

Zip Code

85261

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.63644

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MR DONALD DOME

Mailing Address 40 SHERRY RD APT 2

City

CINCINNATI

State

OH

Zip Code

45215-4269

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.63552

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)

2340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 15 / 52

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE ELMORE

Mailing Address 1320 N OCEAN BLVD

City

DELRAY BEACH

State

FL

Zip Code

33483-7234

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63562

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Fetter

Mailing Address PO Box 205

City

Muncy

State

PA

Zip Code

17756-0205

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63595

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr John Green

Mailing Address PO Box 4014

City

Monterey

State

CA

Zip Code

93942

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.63640

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 16 / 52

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr John Green

Mailing Address PO Box 4014

City

Monterey

State

CA

Zip Code

93942

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.63639

Amount of Each Receipt this Period

900.00

B.

Full Name (Last, First, Middle Initial)

Mr John Green

Mailing Address PO Box 4014

City

Monterey

State

CA

Zip Code

93942

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.63606

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Tyler J. Griffin, Mr.

Mailing Address 77 Middle Rd Apt 360

City

Bryn Mawr

State

PA

Zip Code

19010-1779

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63622

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. T. Habecker

Mailing Address 111 SE 98th Ave.

City

Vancouver

State

WA

Zip Code

98664-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63636

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

W. Charles Hatcher, Mr.

Mailing Address 200 Beach Rd Apt 901

City

Tequesta

State

FL

Zip Code

33469-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.63638

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

MRS ANGELA HAVERLY

Mailing Address 470 SHORELINE DR

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.62582

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

1285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

R. George Hearst, Mr.

Mailing Address 8645 Rrita Rd

City

Paso Rosas

State

CA

Zip Code

93446-8328

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.63642

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

L. Margaret Helton, Miss

Mailing Address 6557 Bock Ter

City

Oxon Hill

State

MD

Zip Code

20745-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.63625

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MRS DORIS HENDRICKS

Mailing Address 483 9TH ST #8

City

PARKVILLE

State

MD

Zip Code

21234

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.62249

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

M. Fern Jones, Mrs.

Mailing Address 2889 San Pasqual St

City

Pasadena

State

CA

Zip Code

91107-5364

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.63609

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT KEATING

Mailing Address 5803 MORNINGRISE DRIVE

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOPOGRAPHIC INC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.62807

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT KEATING

Mailing Address 5803 MORNINGRISE DRIVE

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOPOGRAPHIC INC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.62808

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 20 / 52

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR WILBUR KERNAGHAN

Mailing Address 5944 US HIGHWAY 89S

City

SOULSBYVILLE

State

CA

Zip Code

95372

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.63588

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Roy King

Mailing Address 5718 S Louisville Ave

City

Tulsa

State

OK

Zip Code

74135-4168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63249

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Mr. Von Kuldau

Mailing Address 1 White Birch Trl

City

Superior

State

WI

Zip Code

54880-5304

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.63400

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 21 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PAUL KUNZ

Mailing Address 6409 DONERAIL DR

City

SAINT LOUIS

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer
LACLEDE GAS CO.

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.63631

Amount of Each Receipt this Period

362.50

B.

Full Name (Last, First, Middle Initial)

MRS JOAN LARSEN

Mailing Address 1111 PYOTT RD

City

LAKE IN THE WOODS

State

IL

Zip Code

60156-9715

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.63634

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

W. Rolliston Linscott, Mr.

Mailing Address 3710 Gulf Of Mexico Dr Lot C18

City

Longboat Key

State

FL

Zip Code

34228-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63620

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

962.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 22 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

F. Donna Littlefield, Ms.

Mailing Address 24 Adams Ave

City

Rochester

State

NH

Zip Code

03867-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.63357

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

D. C. Robert Long, Mr.

Mailing Address 47 Savannah Trl

City

Hilton Head Island

State

SC

Zip Code

29926-2693

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63417

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

E. P. Dino McCurdy, Dr. & Mrs.

Mailing Address 801 Yale Ave
The Strath Haven #802

City

Swarthmore

State

PA

Zip Code

19081

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.63580

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

A. Patricia McDowell, Ms.

Mailing Address 2308 Douglas Drive

City State Zip Code
 Carlisle PA 17013

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
REG NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.63099

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr Wade McInnis

Mailing Address 5450 Whitherspoon Dr Apt G405

City State Zip Code
 Colfax NC 27235-9535

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.61450

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mr Wade McInnis

Mailing Address 5450 Whitherspoon Dr Apt G405

City State Zip Code
 Colfax NC 27235-9535

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63119

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

W. John McKee, Mr.

Mailing Address 2000 Holly Hall St

City

Houston

State

TX

Zip Code

77054-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.63627

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MR DOUGLAS MCKISSACK

Mailing Address 7 BITTERROOT LN

City

SAVANNAH

State

GA

Zip Code

31419-9507

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.63615

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN MENOUDAKOS

Mailing Address PO BOX 541

City

NEW YORK

State

NY

Zip Code

10021-0034

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUFFALO STATE COLLEGE

Occupation

CHEMIST-RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.63623

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Floyd Miles

Mailing Address 15188 Fiddlesticks Blvd

City

Fort Myers

State

FL

Zip Code

33912-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.63618

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

L John Minter

Mailing Address 116 Seascape Dr

City

Port Lavaca

State

TX

Zip Code

77979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.63579

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

L. Thomas Mitchel, Mr.

Mailing Address 611 W 146th St

City

Westfield

State

IN

Zip Code

46074-9609

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63419

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Ben Mudd

Mailing Address 6104 Ottawa Trl

City

Mabank

State

TX

Zip Code

75156-9119

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.63610

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Mr William Myhre

Mailing Address 865 2nd Ave

City

Sweet Home

State

OR

Zip Code

97386-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.63304

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

S. Arthur Olson, Mr.

Mailing Address 8 Villa Pl

City

Novato

State

CA

Zip Code

94945-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63122

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 52

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS EDITH PALMER

Mailing Address 282 LAROE RD

City

CHESTER

State

NY

Zip Code

10918-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

BURLINGTON COAT FACTORY

Occupation

SALES CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 8 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.63614

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Flint Julianne Pringle, Mrs.

Mailing Address 2300 Riverside Dr Unit 4D

City

Tulsa

State

OK

Zip Code

74114-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.63546

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ms Margo Rosenkranz

Mailing Address 1811 S Quebec Way Apt 88

City

Denver

State

CO

Zip Code

80231

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.61376

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms Margo Rosenkranz

Mailing Address 1811 S Quebec Way Apt 88

City

Denver

State

CO

Zip Code

80231

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.61667

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ms Margo Rosenkranz

Mailing Address 1811 S Quebec Way Apt 88

City

Denver

State

CO

Zip Code

80231

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.61180

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MS MARTHA SCHRADER

Mailing Address 2838 ENCORE LN

City

WEST LAFAYETTE

State

IN

Zip Code

47906-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAN ROCK TIRE CO

Occupation
PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63592

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS MARTHA SCHRADER

Mailing Address 2838 ENCORE LN

City

WEST LAFAYETTE

State

IN

Zip Code

47906-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAN ROCK TIRE CO

Occupation
PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63596

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

W. James Shields, Mr.

Mailing Address 15115 Interlachen Dr Apt 507

City

Silver Spring

State

MD

Zip Code

20906-5640

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.63629

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

W. James Shields, Mr.

Mailing Address 15115 Interlachen Dr Apt 507

City

Silver Spring

State

MD

Zip Code

20906-5640

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.63630

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

A. Walter Sigman, Mr.

Mailing Address 8637 Palmetto Rd

City

Edisto Island

State

SC

Zip Code

29438-6922

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.63435

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR ALLEN SIMON

Mailing Address 8842 LYNETTE LN

City

CHANDLER

State

AZ

Zip Code

85226

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.63559

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

MS CORINNE SPENCE

Mailing Address 2-2834 E CLIFF DR

City

SANTA CRUZ

State

CA

Zip Code

95062

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

FARMING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.63611

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr Thomas Spencer

Mailing Address 110 Ocean Hollow Ln Apt 115

City

Saint Augustine

State

FL

Zip Code

32084

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63612

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Thomas Spencer

Mailing Address 110 Ocean Hollow Ln Apt 115

City

Saint Augustine

State

FL

Zip Code

32084

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63613

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms Blanche Spitzer

Mailing Address 2531 NW Edenbower Blvd Apt 95

City

Roseburg

State

OR

Zip Code

97470-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.63607

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms Blanche Spitzer

Mailing Address 2531 NW Edenbower Blvd Apt 95

City

Roseburg

State

OR

Zip Code

97470-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63534

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Ms Blanche Spitzer

Mailing Address 2531 NW Edenbower Blvd Apt 95

City

Roseburg

State

OR

Zip Code

97470-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63553

Amount of Each Receipt this Period

145.00

C.

Full Name (Last, First, Middle Initial)

Ms Blanche Spitzer

Mailing Address 2531 NW Edenbower Blvd Apt 95

City

Roseburg

State

OR

Zip Code

97470-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.63549

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional)

395.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms Blanche Spitzer

Mailing Address 2531 NW Edenbower Blvd Apt 95

City

Roseburg

State

OR

Zip Code

97470-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.63550

Amount of Each Receipt this Period

130.00

B.

Full Name (Last, First, Middle Initial)

Ms Blanche Spitzer

Mailing Address 2531 NW Edenbower Blvd Apt 95

City

Roseburg

State

OR

Zip Code

97470-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63535

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Ms Blanche Spitzer

Mailing Address 2531 NW Edenbower Blvd Apt 95

City

Roseburg

State

OR

Zip Code

97470-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.63536

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

B. Lewis Stuart, Mr.

Mailing Address 305 Macarthur Pl

City

Maitland

State

FL

Zip Code

32751-5572

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.63597

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

P. James Walsh, Dr.

Mailing Address 10 Winthrop St Ste 317B

City

Worcester

State

MA

Zip Code

01604-4438

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.61491

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Whitcomb

Mailing Address 22840 N Country Club Trl

City

Scottsdale

State

AZ

Zip Code

85255-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.63633

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT WIESE

Mailing Address 3351 LEAWOOD DR

City

BEAVERCREEK

State

OH

Zip Code

45434-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.62377

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

E. Kenneth Wright, Mr.

Mailing Address 3527 Rotary Rd

City

Rockford

State

IL

Zip Code

61109-5061

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.63584

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

19400.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Advance Mailing Services

Mailing Address 2600 Temple Heights Drive

City State Zip Code
Oceanside CA 92056Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.60545

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

1713.37

B.

Full Name (Last, First, Middle Initial)

Advance Mailing Services

Mailing Address 2600 Temple Heights Drive

City State Zip Code
Oceanside CA 92056Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.60509

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Amount of Each Disbursement this Period

905.40

C.

Full Name (Last, First, Middle Initial)

Advance Mailing Services

Mailing Address 2600 Temple Heights Drive

City State Zip Code
Oceanside CA 92056Purpose of Disbursement
Postage & Lettershop Services - Generic

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.63648

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

7568.25

SUBTOTAL of Disbursements This Page (optional)

10187.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Alvin Williams

Mailing Address PO Box 8335

City
Silver Spring

State
MD

Zip Code
20910

Purpose of Disbursement

Salary Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60527

Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

2893.96

B.

Full Name (Last, First, Middle Initial)

Alvin Williams

Mailing Address PO Box 8335

City
Silver Spring

State
MD

Zip Code
20910

Purpose of Disbursement

Salary Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60528

Date of Disbursement

08 / 21 / 2009

Amount of Each Disbursement this Period

2893.96

C.

Full Name (Last, First, Middle Initial)

Alvin Williams

Mailing Address PO Box 8335

City
Silver Spring

State
MD

Zip Code
20910

Purpose of Disbursement

Salary Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60529

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

2893.96

SUBTOTAL of Disbursements This Page (optional)

8681.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Alvin Williams

Mailing Address PO Box 8335

City
Silver Spring

State
MD

Zip Code
20910

Purpose of Disbursement

Salary Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60530

Date of Disbursement

10 / 24 / 2009

Amount of Each Disbursement this Period

2893.96

B.

Full Name (Last, First, Middle Initial)

Alvin Williams

Mailing Address PO Box 8335

City
Silver Spring

State
MD

Zip Code
20910

Purpose of Disbursement

Salary Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60531

Date of Disbursement

11 / 22 / 2009

Amount of Each Disbursement this Period

2893.96

C.

Full Name (Last, First, Middle Initial)

Alvin Williams

Mailing Address PO Box 8335

City
Silver Spring

State
MD

Zip Code
20910

Purpose of Disbursement

Salary Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60532

Date of Disbursement

12 / 29 / 2009

Amount of Each Disbursement this Period

2893.96

SUBTOTAL of Disbursements This Page (optional)

8681.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

American Caging, Inc

Mailing Address 4850 Wright Rd, Ste 168

City
Stafford

State
TX

Zip Code
77477

Purpose of Disbursement
Caging & Escrow Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.63653

Date of Disbursement

08 / 21 / 2009

Amount of Each Disbursement this Period

2121.66

B.

Full Name (Last, First, Middle Initial)

Care First

Mailing Address PO Box 79749

City
Baltimore

State
MD

Zip Code
21279

Purpose of Disbursement
Medical Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60515

Date of Disbursement

07 / 26 / 2009

Amount of Each Disbursement this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Care First

Mailing Address PO Box 79749

City
Baltimore

State
MD

Zip Code
21279

Purpose of Disbursement
Medical Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60516

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

1800.00

SUBTOTAL of Disbursements This Page (optional)

5721.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Care First

Mailing Address PO Box 79749

City
Baltimore

State
MD

Zip Code
21279

Purpose of Disbursement
Medical Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60517

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1800.00

B.

Full Name (Last, First, Middle Initial)

Care First

Mailing Address PO Box 79749

City
Baltimore

State
MD

Zip Code
21279

Purpose of Disbursement
Medical Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60518

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Care First

Mailing Address PO Box 79749

City
Baltimore

State
MD

Zip Code
21279

Purpose of Disbursement
Medical Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60519

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

1800.00

SUBTOTAL of Disbursements This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Care First

Mailing Address PO Box 79749

City
Baltimore

State
MD

Zip Code
21279

Purpose of Disbursement
Medical Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1800.00

B.

Full Name (Last, First, Middle Initial)

Direct Concepts

Mailing Address 44084 Riverside Parkway
Suite 350

City
Lansdowne

State
VA

Zip Code
20176

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60505

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2225.00

C.

Full Name (Last, First, Middle Initial)

MDI Imaging

Mailing Address 21721-A Filigree Court

City
Ashburn

State
VA

Zip Code
20147

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9789.28

SUBTOTAL of Disbursements This Page (optional)

13814.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MDI Imaging

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60510

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Patriot Data Services

Mailing Address 44084 Riverside Parkway

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60513

Date of Disbursement

08 / 28 / 2009

Amount of Each Disbursement this Period

6354.00

C.

Full Name (Last, First, Middle Initial)

Paychex Services

Mailing Address PO Box 388

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60539

Date of Disbursement

07 / 11 / 2009

Amount of Each Disbursement this Period

151.89

SUBTOTAL of Disbursements This Page (optional)

8505.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Paychex Services | Transaction ID: SB21B.60540 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 388 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 0 | | 2 | 0 | 9 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 1 | 0 | | 2 | 0 | 9 | | | | | | | | | | | | | |
| City Owings Mills State MD Zip Code 21117 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Taxes Candidate Name | <table border="1"> <tr> <td colspan="10">239.54</td> </tr> </table> | 239.54 | | | | | | | | | | | | | | | | | | | |
| 239.54 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Paychex Services | Transaction ID: SB21B.60541 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 388 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 1 | 5 | | 2 | 0 | 9 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 1 | 5 | | 2 | 0 | 9 | | | | | | | | | | | | | |
| City Owings Mills State MD Zip Code 21117 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Taxes Candidate Name | <table border="1"> <tr> <td colspan="10">171.69</td> </tr> </table> | 171.69 | | | | | | | | | | | | | | | | | | | |
| 171.69 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Paychex Services | Transaction ID: SB21B.60542 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 388 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 2 | | 2 | 0 | 9 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 2 | | 2 | 0 | 9 | | | | | | | | | | | | | |
| City Owings Mills State MD Zip Code 21117 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Taxes Candidate Name | <table border="1"> <tr> <td colspan="10">204.92</td> </tr> </table> | 204.92 | | | | | | | | | | | | | | | | | | | |
| 204.92 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

616.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Paychex Services | Transaction ID: SB21B.60543 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 388 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 0 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Owings Mills State MD Zip Code 21117 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Taxes Candidate Name | <table border="1"> <tr> <td colspan="10">157.56</td> </tr> </table> | 157.56 | | | | | | | | | | | | | | | | | | | |
| 157.56 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Paychex Services | Transaction ID: SB21B.60544 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 388 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Owings Mills State MD Zip Code 21117 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Taxes Candidate Name | <table border="1"> <tr> <td colspan="10">182.21</td> </tr> </table> | 182.21 | | | | | | | | | | | | | | | | | | | |
| 182.21 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Richard Norman Company | Transaction ID: SB21B.60508 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 44084 Riverside Parkway | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 0 | 4 | / | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | / | 0 | 4 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Lansdowne State VA Zip Code 20176 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name | <table border="1"> <tr> <td colspan="10">10771.75</td> </tr> </table> | 10771.75 | | | | | | | | | | | | | | | | | | | |
| 10771.75 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

11111.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Richard Norman Company

Mailing Address 44084 Riverside Parkway

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
Direct Mail & Creative Fees - Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60512

Date of Disbursement

12 / 06 / 2009

Amount of Each Disbursement this Period

3746.63

B.

Full Name (Last, First, Middle Initial)

Robertson Mailing List Company

Mailing Address 44084 Riverside Pkwy, Ste 350

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60507

Date of Disbursement

08 / 21 / 2009

Amount of Each Disbursement this Period

1483.81

C.

Full Name (Last, First, Middle Initial)

Robertson Mailing List Company

Mailing Address 44084 Riverside Pkwy, Ste 350

City Lansdowne State VA Zip Code 20176

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60511

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

2998.00

SUBTOTAL of Disbursements This Page (optional)

8228.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Southwest Publishing & Mailing

Mailing Address 2600 Topeka Blvd

City
Topeka

State
KS

Zip Code
66617

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.63656

Date of Disbursement

08 / 06 / 2009

Amount of Each Disbursement this Period

12481.78

B.

Full Name (Last, First, Middle Initial)

Southwest Publishing & Mailing

Mailing Address 2600 Topeka Blvd

City
Topeka

State
KS

Zip Code
66617

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.63657

Date of Disbursement

12 / 06 / 2009

Amount of Each Disbursement this Period

7128.41

C.

Full Name (Last, First, Middle Initial)

Synergy Workplaces

Mailing Address 1325 G Street, N.W.
Suite 120

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Workspace Expense (Rent, Utilities, etc)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.60521

Date of Disbursement

07 / 13 / 2009

Amount of Each Disbursement this Period

4921.11

SUBTOTAL of Disbursements This Page (optional)

24531.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Synergy Workplaces

Mailing Address 1325 G Street, N.W.
Suite 120

City Washington State DC Zip Code 20005

Purpose of Disbursement
Workspace Expense (Rent, Utilities, etc)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60522

Date of Disbursement

08 / 15 / 2009

Amount of Each Disbursement this Period

4823.22

B.

Full Name (Last, First, Middle Initial)

Synergy Workplaces

Mailing Address 1325 G Street, N.W.
Suite 120

City Washington State DC Zip Code 20005

Purpose of Disbursement
Workspace Expense (Rent, Utilities, etc)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60524

Date of Disbursement

10 / 11 / 2009

Amount of Each Disbursement this Period

4762.24

C.

Full Name (Last, First, Middle Initial)

Synergy Workplaces

Mailing Address 1325 G Street, N.W.
Suite 120

City Washington State DC Zip Code 20005

Purpose of Disbursement
Workspace Expense (Rent, Utilities, etc)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60525

Date of Disbursement

11 / 14 / 2009

Amount of Each Disbursement this Period

5012.66

SUBTOTAL of Disbursements This Page (optional)

14598.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Synergy Workplaces

Mailing Address 1325 G Street, N.W.
Suite 120

City Washington State DC Zip Code 20005

Purpose of Disbursement
Workspace Expense (Rent, Utilities, etc)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60526

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

4809.97

B.

Full Name (Last, First, Middle Initial)

Tri-State Envelope

Mailing Address PO Box 433

City Beltsville State MD Zip Code 20704-0433

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.63654

Date of Disbursement

10 / 03 / 2009

Amount of Each Disbursement this Period

768.42

C.

Full Name (Last, First, Middle Initial)

Tri-State Envelope

Mailing Address PO Box 433

City Beltsville State MD Zip Code 20704-0433

Purpose of Disbursement
Lettershop & Printshop Fees- Generic

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60546

Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

467.03

SUBTOTAL of Disbursements This Page (optional)

6045.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Tri-State Envelope | Transaction ID: SB21B.60514 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 433 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Beltsville State MD Zip Code 20704-0433 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name | <table border="1"> <tr> <td colspan="10">738.78</td> </tr> </table> | 738.78 | | | | | | | | | | | | | | | | | | | |
| 738.78 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Valley Press, Inc | Transaction ID: SB21B.63652 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 44084 Riverside Parkway Suite 350 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 1 | 8 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 7 | | 1 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Lansdowne State VA Zip Code 20176 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name | <table border="1"> <tr> <td colspan="10">1427.89</td> </tr> </table> | 1427.89 | | | | | | | | | | | | | | | | | | | |
| 1427.89 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: SB21B.60533 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 7120 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 1 | 0 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 7 | | 1 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Tucson State AZ Zip Code 85731-7120 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Telephone Expense Candidate Name | <table border="1"> <tr> <td colspan="10">175.12</td> </tr> </table> | 175.12 | | | | | | | | | | | | | | | | | | | |
| 175.12 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2341.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: SB21B.60534 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 7120 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 7 | | 2 | 0 | 9 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 1 | 7 | | 2 | 0 | 9 | | | | | | | | | | | | | |
| City Tucson State AZ Zip Code 85731-7120 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Telephone Expense Candidate Name | <table border="1"> <tr> <td colspan="10">128.23</td> </tr> </table> | 128.23 | | | | | | | | | | | | | | | | | | | |
| 128.23 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: SB21B.60535 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 7120 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 1 | 8 | | 2 | 0 | 9 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 9 | | | | | | | | | | | | | |
| City Tucson State AZ Zip Code 85731-7120 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Telephone Expense Candidate Name | <table border="1"> <tr> <td colspan="10">124.17</td> </tr> </table> | 124.17 | | | | | | | | | | | | | | | | | | | |
| 124.17 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: SB21B.60537 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 7120 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 0 | | 2 | 0 | 9 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 0 | | 2 | 0 | 9 | | | | | | | | | | | | | |
| City Tucson State AZ Zip Code 85731-7120 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Telephone Expense Candidate Name | <table border="1"> <tr> <td colspan="10">139.87</td> </tr> </table> | 139.87 | | | | | | | | | | | | | | | | | | | |
| 139.87 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

392.27

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 7120

City
TucsonState
AZZip Code
85731-7120Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60536

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

151.42

B.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 7120

City
TucsonState
AZZip Code
85731-7120Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.60538

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

183.94

SUBTOTAL of Disbursements This Page (optional)

335.36

TOTAL This Period (last page this line number only)

129192.98

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 52 / 52

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Advance Mailing ServicesNature of Debt (Purpose):
Postage & Lettershop Serv-
ices - Generic

Mailing Address 2600 Temple Heights Drive

City State ZIP Code
Oceanside CA 92056

Outstanding Balance Beginning This Period

7568.25

Transaction ID: SD10.15734

Amount Incurred This Period

0.00

Payment This Period

7568.25

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robertson Mailing List CompanyNature of Debt (Purpose):
Lettershop & Printshop Fe-
es- Generic

Mailing Address 44084 Riverside Pkwy, Ste 350

City State ZIP Code
Lansdowne VA 20176

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63651

Amount Incurred This Period

4968.56

Payment This Period

0.00

Outstanding Balance at Close of This Period

4968.56

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4968.56

2) **TOTALS** This Period (last page this line number only)..... ▶

4968.56

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

4968.56